PTO/SB/22 (10-07)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Application Number 10/692,764-Conf. #8952 Filed October 24, 2003  For METHODS OF USING SUBSTITUTED TETRACYCLINE COMPOUNDS TO MODULATE RNA  Art Unit 1636 Examiner K. A. Makar  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee  One month (37 CFR 1.17(a)(1)) \$120 \$60 \$  Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$  Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$ 1,050.0  Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$  Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$  Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director has already been authorized to charge fees which may be required, or credit any overpaymer Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this for Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X attorney or agent of record. Registration Number 53,623  Attorney or agent of record. Registration Number 53,623  Attorney or agent of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 1.34.  Registration number 13 CFR 1.34.  Registration number 14 acting under 37 CFR 1.34.  November 2, 2007  Date (617) 994-0858  Telephone Number 14 Date (817) 100 Telephone Number 14 Date (817) 100 Telephone Number 14 Date (817) 100 Telephone Number 15 Telephone Number 16 Date (817) 100 Telephone Number 17 Date (817) 100 Telephone N | •                      |   | SION OF TIME UND<br>FY 2006<br>solidated Appropriation   | of information unless if displays a valid OMB control numb Docket Number (Optional) PAZ-205CP                   |  |   |
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| Two months (37 CFR 1.17(a)(2)) \$460 \$230 \$  X Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$ 1,050.00  Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$  Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$  Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpaymer Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this for Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent under 37 CFR 1.34.  Redistration number 53,623  attorney or agent under 37 CFR 1.34.  Redistration number if acting under 37 CFR 1.34.  Redistration number if acting under 37 CFR 1.34.  Redistration number 10 Date 10     |                        |   |  | <u>Fee</u>  | Small Entity Fee   | !   |
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| Four months (37 CFR 1.17(a)(4)) \$1640 \$820 \$  Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 \$  Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpaymer Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form the provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X attorney or agent of record. Registration Number 53,623  attorney or agent of record. Registration Number 53,623  Account Number 12,2007  Date  Cynthia M. Soroos (617) 994-0858  Telephone Number   |                        | Two months  | (37 CFR 1.17(a)(2))  | \$460   | \$230  | \$  |
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| attorney or agent of record. Registration Number  attorney or agent onder 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  November 2, 2007  Signature  Cynthia M. Soroos  Typed or printed name  53,623  November 2, 2007  Date  (617) 994-0858  Telephone Number  | X The I  X The I  Depo | Director has a Director is he posit Account N NING: Informat ide credit card appl | reby authorized to chall the control of the chall the control of t | ed to charge fees in this arge any fees which may 80 . I have encome public. Credit card in zation on PTO-2038. | be required, or cred<br>losed a duplicate cop<br>formation should not b<br>CFR 3.71. | lit any overpayment,<br>by of this sheet.<br>be included on this form |
| attorney or agent under 37 CFR 1.34.  Redistration number if acting under 37 CFR 1.34  November 2, 2007  Signature  Cynthia M. Soroos  Typed or printed name  Output  Date  Cynthia M. Soroos  Telephone Number   |                        | <u></u>   |  | ` '   | •  | )).   |
| Signature Date  Cynthia M. Soroos (617) 994-0858  Typed or printed name Telephone Number  |                        |   | ney or agent Mader 3   | 7 CFR 1.34.   |  |   |
| Cynthia M. Soroos (617) 994-0858 Typed or printed name Telephone Number   |                        | Signature   |  |   |  |   |
| Typed or printed name Telephone Number  |                        | l   | J  |   | (617   |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if n   |                        |   |  | ne  |  |   |
| than one signature is required, see below.  |                        |   |  | rd of the entire interest or their rep  | presentative(s) are required.  | Submit multiple forms if mor  |
| Total of forms are submitted.   | То                     | tal of  | 1 forms a  | re submitted.   |  |   |

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